

OPTION #1 – To apply for “dietitian” licensure:

Complete the attached application;  
Dear Applicant:

The 1994 session of the Kentucky General Assembly enacted legislation which requires all persons who engage in the practice of dietetics or nutrition, or who use such titles as dietitian, nutritionists, licensed dietitian, “DL”, or certified nutritionists, “CN”, to be appropriately credentialed by the State Board of Licensure and Certification for Dietitians and Nutritionists. This law, which took effect on July 15, 1994, applies to persons who hold and use the title “registered dietitian” or use the letters “RD” in conjunction with their name.

- 1.
2. Enclose a copy of your current Commission on Dietetic Registration card that shows your registration number and the period covered; and
3. Enclose a check for \$50.00 (non-refundable) made payable to the Kentucky State Treasurer.

OPTION #2 – To apply for “certified nutritionists” certification:

1. Complete the attached application;
2. Enclose an official, certified transcript which verifies a masters degree in food science, nutrition, or a closely related field, such as biochemistry, and a minimum of twelve semester hours of graduate credit in nutrition from an accredited college/university; or
3. Attach a copy of your current Commission on Dietetic Registration card that shows your registration number and the period covered; and
4. Enclose a check for \$50.00 (non-refundable) made payable to the Kentucky State Treasurer.

OPTION #3 – To apply for dual licensure/certification:

1. Complete the attached application;
2. Enclose a copy of your current Commission on Dietetic Registration card that shows your registration number and the period covered; and
3. Enclose a check for \$50.00 per category (non-refundable) for a total of \$100.00. Make your check payable to the Kentucky State Treasurer.

In accordance with KRS Chapter 310 and regulations governing this profession, you are required to renew the credential(s) every year on October 31. If you apply and are granted licensure/certification during the year, you will be responsible for renewing your credential on or before October 31 and for payment of the required renewal fee. The renewal fee is \$50.00 per category. If you have any questions regarding this information, please feel free to contact the Board’s office at the address and phone number shown above.

PLEASE NOTE: You must keep us informed of any change of name or address. This will assure that you continue to receive all correspondence from the board office.

**THE KENTUCKY BOARD OF LICENSURE AND CERTIFICATION  
FOR DIETITIANS AND NUTRITIONISTS**

**APPLICATION FOR LICENSURE/CERTIFICATION**  
(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

		<u>Application Fee</u>
Licensed Dietitian	_____	\$50.00
Certified Nutritionist	_____	\$50.00
Dual Licensure/Certification	_____	\$100.00

**GENERAL INFORMATION**

1. Name: \_\_\_\_\_  
Last First Middle
2. Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
3. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Mo Day Yr
4. Home Address: \_\_\_\_\_  
Street City State Zip
5. Business Name: \_\_\_\_\_
6. Business Address: \_\_\_\_\_  
Street City State Zip
7. Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_
8. Do you currently hold a valid registration as a "Registered Dietitian"? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
9. Have you ever made application and failed to receive a license or certificate in any state?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, give reason application was denied:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Has your license or certificate ever been suspended or revoked? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION (KRS 310.010, Section A)

School	Name and Location	Dates Attended		Date of Graduation		Number of Hours of Credits	Degrees Obtained
		To	From	Month	Year		
Undergraduate School							
Graduate School							

**NOTE:**

Applicants for certified nutritionist must submit a certified copy of the official masters transcript. You may enclose it with your application or have it mailed directly to this office. Your application cannot be reviewed until the necessary transcript(s) have been received.

Applicants for dietitian are required to enclose a copy of your current registration card issued by the Commission on Dietetic Registration. Membership cards are not acceptable.

### APPLICANTS AFFIDAVIT

I DO HEREBY AFFIRM THAT ALL STATEMENTS MADE HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I VOLUNTARILY CONSENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND OTHER ACTIVITIES FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR CERTIFICATION. IN ADDITION, I AGREE TO FURNISH THE BOARD WITH ANY INFORMATION WHICH MAY SUBSEQUENTLY BE REQUESTED FOR THE PURPOSE OF VERIFYING MY QUALIFICATIONS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application, along with a check, made payable to **THE KENTUCKY STATE TREASURER** should be sent to:

The Kentucky Board of Licensure and Certification  
for Dietitians and Nutritionists  
P.O. Box 1360  
Frankfort, KY 40602

### DO NOT WRITE BELOW THIS LINE – FOR BOARD AND OFFICE USE ONLY

Amount: \_\_\_\_\_

Board Review Date: \_\_\_\_\_

Date Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Deferred: \_\_\_\_\_

PV # \_\_\_\_\_

Comments: \_\_\_\_\_

License # \_\_\_\_\_

\_\_\_\_\_

Date of Issue: \_\_\_\_\_

Reviewer's Initials: \_\_\_\_\_  
Second Review \_\_\_\_\_